

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Geoffrey W. Krissansen

Title: CANCER THERAPY

Appl. No.: 10/014,887

International 6/14/2000

Filing Date:  
371(c) Date: 12/11/01

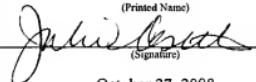
Examiner: Lei Yao

Art Unit: 1642

Confirmation 2382  
Number:

**CERTIFICATE OF ELECTRONIC TRANSMISSION**  
I hereby certify that this paper is being electronically transmitted to the  
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Julie Costello  
(Printed Name)



October 27, 2008

(Date of Transmission)

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated April 28, 2008, and in the Advisory Action dated July 25, 2008, finally rejecting Claims 1-4, 12-14, 20-22, 28-30, 36-38. This Notice of Appeal together with a 3-month extension of time is timely filed before its due date of October 28, 2008.

Small Entity status under 37 C.F.R. §1.9 and §1.27 has been established by a previous assertion of Small Entity status.

[ X ] Notice of Appeal Fee

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

The required fees are calculated below:

[ X ]	Notice of Appeal Fee	\$540.00
[ X ]	Extension for response filed within the third month:	\$1,110.00
[ ]	Extension:	\$0.00
	FEE TOTAL:	\$1,650.00
[ X ]	Small Entity Fees Apply (subtract ½ of above):	\$825.00
	TOTAL FEE:	\$825.00

The above-identified fees of \$825.00 are being paid by credit card via EFS-Web.

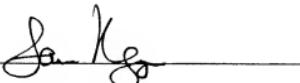
The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16, 1.17 and 41.20, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney at the address indicated below.

Respectfully submitted,

Date October 27, 2008

By



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